

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10729570

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9	1					
10		1				
11		2				
12		0				
13		0				
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50						
TOTAL IND.	2					
TOTAL DEP.	31					
TOTAL CLAIMS	33					

	IND	DEP	IND	DEP	IND	DEP
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